

**GOVERNOR'S COMMISSION ON COMMUNITY-BASED ALTERNATIVES
FOR INDIVIDUALS WITH DISABILITIES'
HEALTH CARE COMMITTEE MEETING MINUTES
May 20, 2016 – 10:00 AM
Center for Disabilities Studies, Room 132A, Newark, DE**

PRESENT: Eileen Sparling, CDS/UD Co-Chair; Linda Barnett, League of Women Voters; Louis Bartoshesky, Christiana Care/ DPH; Linda Brittingham, CCHS; Tim Brooks, Parent (phone); Marisa Cheng, CDS; Phyllis Guinivan, CDS; Laura Hendricks (phone); Elisha Jenkins, DVI; Jae Chul Lee, CDS; Beth MacDonald, Office of Preparedness (phone); Pat Maichle, DDC; Karen McGloughlin, DPH; David Mills, Consumer; Heidi Mizell, Autism Delaware; Carol Morris, DHSS; Carolanne O'Brien, (DVR, Retired); Chris Oakes, DSAAPD; Loretta Sarro, Delaware Deaf and Hard of Hearing; Arlene Smalls, CCHS; Bhavana Viswanathan, CDS; Brian Whitaker (phone); Kyle Hodges, Staff; and Amber Rivard, Support Staff.

CALL TO ORDER:

Eileen called the meeting to order at 10:03 am.

APPROVAL OF THE DRAFT MINUTES:

Corrections were made on page 3 of the March 18, 2016 minutes. Daniese had sent Kyle an email about page three of the March minutes of the last bullet point on accessible taxi services. They have no accessible taxi services in Delaware and Eileen agrees to have the last bullet point deleted from the minutes. A motion was made, seconded and approved to accept March 18, 2016 as amended.

ADDITIONS OR DELETIONS TO THE AGENDA

None

BUSINESS

HRSA Project Oral Health Surveys

Jae Chul stated the timeline for Dental Care Survey will continue until June 30, 2016 and that they might extend it to July. People with disabilities in Delaware have a more difficult time receiving dental care than people without disabilities. He spoke about people with disabilities sharing concerns about receiving quality dental care because of lack of dentists providing dental care for people with disabilities and affordable dental coverage. The survey will reach two separate groups: adults with disabilities and parents of children with disabilities (parents of children ages 6 to 17 with disabilities and parents of adult children ages 18 to 49 with disabilities). The Dental Care Survey will be available in two versions: participant version for adults with disabilities and parent version. The two surveys will collect important information on the oral health status, experience with access to oral health care and services, and unmet oral health needs. The surveys will be used to develop and customize cultural competency trainings for dentists and oral hygienists to help increase their abilities to provide dental care for people with disabilities. Delawareans with disabilities have great need for dental care and Jae Chul

had been receiving many requests but cannot address all requests with this survey. For adults with disabilities there are four different types that were focused on: visual impairments, hearing impairments, physical disabilities, and mild intellectual and developmental disabilities. There was discussion on defining people that have mild intellectual and developmental disabilities (IDD). However, CDS will not exclude the people with IDD because their dental care needs will be different from those of adults with other types of disabilities.

Eileen asked what the process is for defining people who have intellectual and developmental disabilities. Jae Chul stated there has been discussion between CDS and DDDS so they can identify which individuals have mild IDD. He added with the help of DDDS, they will be distributing flyers to organizations that help people with intellectual and developmental disabilities. Pat asked what other organizations CDS will include for people with physical disabilities. Jae Chul stated CDS is promoting the dental care survey information to various organizations including DSAAPD to inform everyone in the state of Delaware. Karen asked how CDS will explain to the visually impaired the availability of dental care surveys in braille. Jae Chul stated that CDS has been collaborating with DVI on the survey and that the CDS staff can read the survey to the visually impaired because they do not have an electronic version for a screen reader. There are other options for a visually impaired person such as braille and large print. The braille population in Delaware is less than 10 percent; however, CDS can provide assistance in reading to them. Kyle asked why CDS cannot use an electronic version to accommodate the visually impaired population. Jae Chul explained if CDS made an electronic version to accommodate for the visually impaired, he would be unsure of the integrity of the response especially from people with intellectual and developmental disabilities. A short argument was made about integrity issues of the printable version, and someone said that some individuals would just mark all the number one answers. Jae Chul agreed with the printable version having the similar issue, but explained that is why CDS will provide assistance in person to be sure of all answers for those with mild intellectual and developmental disabilities. In addition, Jae Chul said that given that this is the first study to collect comprehensive dental care info, CDS takes a more conservative approach. Eileen asked if CDS has a plan for repeating this survey in the next few years for evaluation measure. Jae Chul stated this project is a three-year process: The first year will be collecting data from a dental care survey and disability dentist survey. The second year will develop and provide cultural competency training for the dentists and oral hygienists in Delaware. The final year will continue to provide the cultural competency training and contain evaluations of the trainings. If CDS can bring additional funding in the near future, CDS could conduct another survey given the findings of the current survey. Loretta asked if CDS will have interpreters for those who are deaf. Kyle agreed that there are many complications in having accommodations for people with those specific disabilities. Jae Chul added that CDS discussed the concerns and how to better accommodate for people who are deaf and hard of hearing and that CDS will explore accommodations for deaf people for survey participation which may include sign language interpreters. CDS is working on communicating with other organizations to collect as many surveys as possible. Someone asked how many individuals CDS is expecting to fill out the survey. Jae Chul stated CDS is hoping at least 400 individuals will complete the Dental Care Survey.

Update on the DHSS Inclusion Policy Implementation

Eileen briefly discussed the update on the Inclusion Policy Implementation. Secretary Landgraf signed the policy last summer. CDS has been partnering with DHSS to integrate requiring accessibility and inclusion in contracts. CDS has been developing an online training due to start in September that will be available for staff and vendors. The online training will provide helpful information to understand how to make their programs more accessible and will be written into FOAs (Funding Opportunity Announcements). In addition to the training, there will be information on the DHSS website. If individuals have completed the training and visited the website but still have questions, they can call CDS for assistance.

Karen asked if CDS has given thought from a grant manager or contract manager perspective to make sure contractors are compliant for inspections. Eileen stated the training and the website will help inform the staff and vendors. In educating the vendors and staff on inclusion policy, it will allow them to write it into their proposals. There is no plan for the work to be scored on proposals but they will move it into next year. CDS has been in contact with their counterpart group in New York. One of the things they provide is working with program staff in developing RFPs that articulate why the targeted population is at risk; provide disparity data and what they know about barriers in accessibility. Karen asked if CDS is going to be the Subject Matter Expert to write an RFP. Eileen stated CDS wrote the proposal, and in the next round of CDC funding will write in a consultation piece. Arlene added that Pittsburgh has a disability resource center that asks for health and regional practices to provide consultation. However, they do not possess a focused training course. Karen asked if there is a piece in the proposal about DTI united with CDS because of the state contract for all state webpages, she wanted to be sure they make a webpage accessible and easy to read online. Eileen stated CDS will share their thoughts on how to make the webpage easily accessible with DTI. She added they are starting with DHSS and if it goes smoothly, they will expand to other organizations. Kyle stated that CDS can work with DTI or the Department itself just to ensure the website is accessible. Karen added she wanted to make sure the staff was creating the webpage with understanding the website needs to be accessible. Eileen stated that all State websites need to be Section 508 compliant and should make the website simple. Loretta added they should educate the DTI staff on how to make the print on the websites larger by choice. Eileen stated CDS could ask the DHSS what standards they have for website and who the lead would be. Kyle state he can research who their IT person is.

Overview of the CDC Proposal: Improving the Health of People with Intellectual Disabilities and Mobility Limitations Through State-Based Public Health Programs

Eileen announced the CDC funding cycle for this year is nearing its end. Recently, CDS submitted a competitive proposal for the next five years of funding. She briefly explained what is stated in the proposal and what they are expecting. The Health Care Committee will discuss more on how to align with the Health Equity Plan and whether to proceed with the plan with or without funding, and how Health Equity will work with what is in the proposed CDC grant. She provided a draft of the written proposal to everyone. The focus of the proposal has changed from improving the health of people with disabilities through State-based public health programs to improving the health of people with intellectual disabilities and mobility limitations. The Council focus is also more on chronic conditions and gathering information about the general population in terms of health in these categories: obesity, cardiovascular disease, healthy weight, nutrition, diabetes, and oral health. The Health Equity Plan is consistent with the CDC Proposal and will improve State-based health programs. Oral Health is one of the key areas written that is discussed in the Health Care Committee and consistent with their proposal. Continuing forward with

Medicaid for adults and continued training for health care providers will provide help for oral health. Physical activity on physical education at schools for children with disabilities is another subject that has been discussed in the committee. It has also been written into the proposal as a key focus in the next five years. In past several years, physical education for all children has been decreasing in schools and will be discussed later. The focus on evidence based health programs is how to expand them for more accessibility and inclusion reaching other populations of individuals with disabilities.

Eileen stated CDS wants to create a proposal around healthy eating, nutrition and physical activity as another main focus of the CDC proposal. CDS had read about accessible community gardens and farmer markets. They are working with the Urban Farm and Food Coalition, who have been a part of the planning of the Hope Garden in New Castle with the CSA (Community Supported Agriculture) garden. This will help build the next phase of creating a demonstration garden for accessibility purposes. Raised beds, accessible pathways, and water lines in order to transport water to the accessible beds can help overcome barriers. By building the demonstration garden and working with the network of farmer markets and community gardens to increase accessibility, CDS will provide money grants for community gardens to fund accessibility improvements. The next step will involve working with DDDS sites by linking their programs to community gardens and farmer markets creating opportunities to become physically active, eating healthy food and cooperating in food training. The Department of Agriculture will be a partner in this project. Karen added the Department of Agriculture has land in the middle of Dover that surrounds the Delaware Agricultural Museum where they could create a community garden. Eileen commented CDS has kept in contact with the Department of Agriculture and received a letter of support through the coordinator of the farmer markets, along with Faith Kuehn who was involved with the Planting Hope Garden. Pat added that she communicated with farmers in the state who want to provide assistance in this project through training on how to manage crops and giving individuals on-site training on their farms. Eileen stated she recently contacted KSI (Kent-Sussex Industries) and discussed how to create healthy programs and activities in the community. KSI showed interest in volunteer opportunities for farms wanting to build skills. They cannot provide volunteer opportunities to the farms that sell the produce that they provided. Someone suggested KSI can give volunteer opportunities to schools because they have plenty of agricultural opportunities. Another opportunity is working with Super Fresh supermarkets that provide farm tours and can discuss an accessible farm. There are students in schools with disabilities that could have volunteer opportunities for training to grow healthy food, eat healthy and do activities to gain experience in agriculture.

Eileen stated the main issue is how to improve the overall health of people with disabilities, including health programs. One program has been working on health inclusion and how to access accessibility in community gardens. A twelve-week Health Matters Program in DDDS is evidence based and was developed by The Arc National Office. The Program focuses on physical activity, nutrition and other health messages to the disabilities population. At the beginning, they will measure all participants' height, weight and blood pressure, and then at the end of the twelve weeks they will be measured again. Brian made suggestions on gardening. When he worked for someone from 2013 to 2014, they had a program for the people with intellectual disabilities and the program focused on learning how to garden. Another suggestion was throughout New Castle they are conducting programs for creating accessible gardens and let the community garden be located where people will feel safe. The final suggestion is to integrate into the system all of the programs providing people with disabilities receive learning nutritional values. Eileen stated they are starting to provide assistance for the Hope Garden in New Castle. Karen commented there is a program for a community garden at the DHSS Campus. They also provided money vouchers for people to go to their local supermarkets to purchase fresh food for healthy cooking. Eileen

commented Phyllis had provided information on a program where they distributed vouchers to take to the local farmers markets. Karen stated Kent County received a Grant Plan for Health. David Edgell, the lead organizer, will be speaking at a Health Equity Workshop held on May 26, 2016 in Dover. David will be discussing the same main subjects HCC is currently discussing for the Kent County area.

Eileen stated that the CDC grant did not include Emergency Preparedness. She added that the HCC can continue to move forward with Emergency Preparedness work. Tim Cooper and Beth MacDonald in Public Health Emergency Preparedness had a CDC grant that addressed people with access and functional needs and people with disabilities. Their goals within their grant aligned with the CDC grant from Health Care Committee. The People with Access and Functional Needs Committee have agreed to adopt the Emergency Preparedness work so it can continue. She added when there is not much money left for Emergency Preparedness work, HCC will have to make choices on how to continue. There was discussion with Tim about ways to continue with Emergency Preparedness and training that Phyllis has been providing to the Public Health staff on being more accessible and inclusive in many programs such as the sheltered workshops to people with disabilities.

Eileen commented that the grant will start July 1, 2016. More information will be forthcoming. Karen asked how the grant will assist regarding the dental health. Eileen responded it is part of the CDC grant, and Jae Chul is assisting DPH by producing a survey to the people with disabilities population about dental health. Jae Chul is providing funding through another funding source rather than CDC. Training has also been provided to educate people on Medicaid about oral hygiene.

Health Equity Plan Implementation

Eileen stated workgroups have been meeting. Through the planning process, CDS have been developing the Health Equity Plan and shift towards implementation. Currently, they are rethinking how to process priorities in the plan, and moving forward with the plan. Brian suggested they link up ideas to existing vendors that will help execute implementation. An example is the Catch A Lift fund that enables wounded veterans to regain and maintain mental health through providing gym memberships, fitness programs or in-home gym equipment for the veterans who are unable to leave their home. They will also pay a caregiver that works through Veterans Affairs (VA) to go with the veteran to the gym for assistance. Brian had discussed the Catch A Lift fund to the DHSS and gyms all across the State. The downside is if the veterans do not come to the gym, then the fund money would not be used and the money sent back to the fund. Karen suggested discussing one topic at a time in the plan and providing a certain date when that part of the program is ending and asking for assistance from other organizations. Eileen agreed with Karen to target one key area at a time. Eileen stated that CDS will take a month to sort out what to do next for the Health Equity Plan implementation.

ANNOUNCEMENTS

Eileen congratulated Marisa for her time on the Health Care Committee. Marisa will be moving to New York City for her new job in a management care organization and working with healthcare providers to improve the quality of care their patients receive.

Kyle announced that Public Health has applied for a Core State Violence and Injury Prevention Program grant effective August 1, 2016. The main purpose of the grant is to decrease injuries and prevent injuries from occurring. The State Council for Persons with Disabilities has become

involved because of the Brain Injury Committee and their efforts in extending concussion protocols outside of schools with mandated protocols for youth and community recreational leagues. TBI, sexual abuse, child abuse and motor vehicle are also involved in the grant. One of the goals is to partner with the YMCA to provide outreach to the population of Delaware. If the legislation does not pass, they will discuss with other recreational leagues to provide outreach to children and educating on safety protocols.

Karen spoke about a national group in Delaware called Red, White and Blue that promotes physical activity and community cohesion. It is a veteran centered organization. The group is not only for veterans because it encourages others in the community to do activities along with veterans.

ADJOURNMENT

The meeting adjourned at 12:01 pm.

Respectively submitted,

Amber Rivard
Administrative Specialist

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